

የስራ ጣቆም STOP WORK

CSO/WORKER NAME / CSO የሰራ-ተኛ ስም	TELEPHONE NUMBER / የስልክ ቁጥር
CLIENT IDENTIFICATION NUMBER / የደምበኛ መታወቂያ ቁጥር	DATE / ቀን

71	Department of Social & Health Services STOP WORK	የደፃ	ግና መታወቂያ ቁተር		J		
Section 1: Fill out this section before taking it to your job that has ended. ክፍል 1፤ ይህንን ቅጽ፣ ስራ ወደ አቆሙበት ቦታ ከመውሰድፅ በፊት ይህንን ክፍል ይሙሉ።							
By signing here, I give my permission to my employer to complete this form for the Department of Social and Health Services. እቺህ በመፈረሜ፣ ለማሕበራቒና ጤና አገልግሎቶች ክፍል (DSHS) ፣ ይህንን ቅጽ እንዲሞሳ ፌቃድ እሰጣለሁ።							
SIG	DATE / ቀን	? PL	EASE PRINT YOU	R NAME HERE /	ስምፅን ጎላ አድርገው ይጻፉ		
NAME OF COMPANY / የኩባንያ ስም							
COI	MPANY ADDRESS: STREET ADDRESS / የኩባን ያ አድራሻ፤ <i>ጎጓና</i>	r CITY	′ / ከተማ	STATE / ስቴት	ZIP CODE / ቺፕ ኮድ		
Section 2: The person in the company who knows the employment and pay information fills out this section. ከፍል 2፤ በኩባንያው ውስጥ ያለ፣ የስራ እና የደሞዝ መረጃን የሚያውቅ ሰው፣ ይህንን ክፍል ይሙላ።							
	What was the last date that the employee worked?						
2.	Amount of final paycheck (before taxes): \$Date received:						
	List the amounts (before taxes) and dates received for other paychecks received in the same month as the final paycheck:						
	AMOUNT RECEIVED (BEFORE TAXES) DATE RECEIVED						
	\$						
	\$						
	\$						
	\$						
3.	Why did this job end?						
	☐ Lack of work ☐ Job was temporary/seasor	nal [] Laid off				
	☐ On leave (such as leave of absence or maternity	leave). Is	it: Paid	Unpaid			
	If paid, how much is the employee paid: \$						
	When is the employee expected to return?						
	Other:						
4.	Will the employee receive any severance pay? yet yet in the semployee receive any severance pay?	∕es □ N	No				
	IF YES: When will it be received?	Hov	v much will it be	? \$			
5.	Can the employee cash out vacation/sick pay?	/es □ 1					
	IF YES: When will it be received?	Hov	v much will it be	? \$			
6.	Can the employee withdraw retirement/pension/401K	⟨funds? [s? ☐ yes ☐ No				
	IF YES: When will it be received?How much will it be? \$						
Please provide the following in case we need to contact you:							
	NATURE		TE	TELEPHONE N	JMBER		
PPI	NT YOUR NAME HERE	DC.	SITION/TITLE				
1 131	IN TOOK WANTE HEIKE	1	OTTION/TITLE				